HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

NAME (Last, First, Middle)	STATE POSITION HELD: (Dept/Div or Board/Commission)	
Hale, Helene Hilyer	State Representative TERM OF OFFICE (Begin/End):	
	2002 / 2004	

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED	
F	Social Security	С		
F	State Retirement	В		
F	Interest	A		
F	State of Hawaii	D	Salary	
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			,	
[]Check have if automic Name				

[]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business incorporated, regulated, or licensed to carry on business in the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

ESS NATURE OF INTERES	T VALUE OR NO OF SHARES
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	I Obsek here if additions

[A Check here if entry is None

[]Check here if additional sheets are attached

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

_ist any ov	vnership or beneticial interests in businesses transf	errea auring the disclosu	re period and the date o	transter.
F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD			DATE OF TRANSFER
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			•	
				4.
				·
Chec	k here if entry is None	4: CREDITORS	Check here if additions	il sheets are attached
ist the na	me and address of each creditor to whom the value nount and amount outstanding (excluding debts arise	e of \$3,000 or more was	owed during the disclosu	re period and the onsumer goods).
F,SP, DC,JT	NAME OF CREDITOR AND ADDRESS		ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
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[V]Chec	ck here if entry is None	[Check here if addition	al sheets are attached
	ITEM 5: OFFICERSHIPS	DIRECTORSHIPS, T	RUSTEESHIPS	
List every	officership, directorship, trusteeship, or other fiducion, the term of office, and the annual compensation	iary relationship held duri n.	ng the disclosure period	in any business or
F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
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ITEM 6: INTERESTS IN REAL PROPERTY HELD IN THE STATE

List interests in real property in the State, held during the disclosure period, if the interest has a value of \$10,000 or more.

STREET ADDRESS	TAX MAP KEY NUMBER	VALUE
13-636 Hinalo, Pahoa, Hi. 96778	3-1-3-45-7	F
262 Anele St., Hilo, Hi. 96720	3-2-4-15-156	G
	13-636 Hinalo, Pahoa, Hi. 96778	13-636 Hinalo, Pahoa, Hi. 96778 3-1-3-45-7

ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED

List interests in real property in the State, acquired during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION
[\dChe	ck here if entry is None	[]Check here if a	dditional sheets are attached

ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED

List interests in real property in the State, transferred during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION

Check here if entry is None

[]Check here if additional sheets are attached

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts. NAME OF STATE AGENCY NAME OF CLIENT []Check here if additional sheets are attached Check here if entry is None ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more. F,SP,DC,JT NAME AND ADDRESS OF BUSINESS NATURE OF BUSINESS NATURE OF VALUE INTEREST

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

Heline Attale

1/31/04

[]Check here if additional sheets are attached

DATE

[V]Check here if entry is None